AUHSD BENEFIT PREMIUM RATES
Plan Year - October 1, 2024 to September 30, 2025

Single Coverage AUHSD Contribution Effective October 1, 2024	$ 1,007		
Health Plan	**Premium Rate**	**Employee Deduction**	**AUHSD HSA Contribution**
Kaiser Permanente	**1,007**	-	
Kaiser HSA	795	-	212
Anthem HMO Premier 10	1,105	98	
Anthem HMO Classic	1,029	22	
Anthem PPO 90-G $20	1,069	62	
Anthem PPO 80-G $20	981	-	
Anthem HSA	822	-	185

2-Party Coverage AUHSD Contribution Effective October 1, 2024	$ 2,013		
Health Plan	**Premium Rate**	**Employee Deduction**	**AUHSD HSA Contribution**
Kaiser Permanente	**2,013**	-	
Kaiser HSA	1,590	-	423
Anthem HMO Premier 10	2,218	205	
Anthem HMO Classic	2,067	54	
Anthem PPO 90-G $20	2,144	131	
Anthem PPO 80-G $20	1,963	-	
Anthem HSA	1,646	-	367

Family Coverage AUHSD Contribution Effective October 1, 2024	$ 2,617		
Health Plan	**Premium Rate**	**Employee Deduction**	**AUHSD HSA Contribution**
Kaiser Permanente	**2,617**	-	
Kaiser HSA	2,068	-	549
Anthem HMO Premier 10	2,879	262	
Anthem HMO Classic	2,683	66	
Anthem PPO 90-G $20	2,783	166	
Anthem PPO 80-G $20	2,547	-	
Anthem HSA	2,135	-	482

Dental & Vision Plans Effective October 1, 2023	Composite Rate	Employee Deduction
Delta Dental Incentive Plan-Wide Network	103.80	-
Delta Dental PPO Unlimited-Narrow Network	137.20	33.40
Vision Service Plan $ 0, $200 Frame	18.60	-

Based on 1.0 FTE